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Application of Docket Number
 99-16906-74

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application of Docket Number

Application or Docket Number
09/696674

APPLICATION AS FILED - PART I

(Column 1)

(Column 2)

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(e), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(f))	minus 20 =	•
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	•
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

- If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	(Column 1)		(Column 2)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.36(f))	20	Minus	20	=
Independent (37 CFR 1.16(h))	20	Minus	20	=
Application Size Fee (37 CFR 1.16(s))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f))				

SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	
x 100 =	
TOTAL	
ADD'L FEE	

OR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
TOTAL ADD'L FEE	

OR

OR

On

UN

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(f))		Minus **	=
	Independent (37 CFR 1.16(h))		Minus ***	=
	Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))				

RATE (\$)

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
TOTAL ADD'L FEE	

OF

OF

•

•

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

USPTO Form 201 (Rev. 10-1-90) and select option 2

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.